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APPLICANTS David M. Yuhas, Granger, IN; <i>MDJ</i> 3-6-05									
** CONTINUING DATA ***** <i>MDJ</i> 3-6-05									
** FOREIGN APPLICATIONS ***** <i>MDJ</i> 3-6-05									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/02/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MDJ</i> 3-6-05 <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY IN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 4 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 14 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MDJ</i> 3-6-05 <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY IN	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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ADDRESS 022118 LEO H MCCORMICK 2112 MISHAWAKA AVE P O BOX 4721 SOUTH BEND , IN 46634									
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FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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